

Initial Review	Supervisor Out Return
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INQUIRY/COMPLAINT FORM

Supervisor	Bus Operator

Mr. _____

Mrs. _____

_____ Home Phone

_____ Apt No. _____ Work Phone

_____ Street _____

_____ CA _____

_____ City _____ Zip Code

Incident Date: _____ Time: _____ a.m.
p.m. Route / CR# _____ Bus # _____ *Direction*

_____ ***NE***

Location: _____ ***SB***

_____ ***EB***

Bus Driver Description: _____ ***WB***

INQUIRY / COMPLAINT:

Return to: Fresno Area Express
Customer Relations
2223 "G" Street
Fresno, CA 93706

_____ Signature of Complainant _____ Date

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date

[illegible]

Date _____

Reviewed by _____ on _____
Operations Manager Date

[] File
[] Personnel File